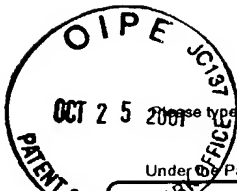


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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

 Assistant Commissioner for Patents
 Box Reissue
 Washington, DC 20231

Attorney Docket No.

ENDC19

First Named Inventor

BLASING

Original Patent Number

5,567,132

Original Patent Issue Date
(Month/Day/Year)

02/02/1999

Express Mail Label No.

EK267312584US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Ingrid McTaggart

Address

702 SE 5th Ave

Zip Code

97123

City

Hillsboro

State

OR

Fax

503 640 9981

Country

US

Telephone

503-640-9980

NAME (Print/Type)

Ingrid McTaggart

Registration No. (Attorney/Agent)

37130

Signature

Ingrid McTaggart

Date

10-25-01

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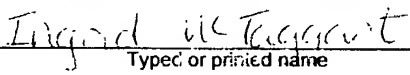
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P SUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) ENDC19	
Claims as Filed - Part 1							
Claims in Patent	Total Claims (37 CFR 1.16(i)) Independent claims (37 CFR 1.16(i))	Number Filed in Reissue Application (B) 44 (D) 6	(3) Number Extra **** 1 = C =	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 43 (C) 6				x \$ =		x \$ 18 =	18
				x \$ =		x \$ =	
Basic Fee (37 CFR 1.16(h))				\$		\$ 710	
Total Filing Fee				\$		CR \$ 728	
Claims as Amended - Part 2							
	(1) Claims Remaining After Amendment	(2) Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS **	* =	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS ****	=	x \$ =		x \$ =	
Total Additional Fee				\$		OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (D - 1). If "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>728.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>							
10-25-01 Date				 Signature of Applicant, Attorney or Agent of Record  Typed or printed name			